OFFICE USE ONLY Date Received:	,	

Complete this application in its entirety and submit along with the required materials (listed in Step 2 below) to the following address:							
City of Hampton, Community Development Department 22 Lincoln Street, 3rd Floor Hampton, Virginia 23669				Case Number:			
oplication for (check one): variance □ appeal of the zoning □ appeal of a zoning □ appeal of the Chesapeake E special exception administrator's decision administrative officer's decision Review Committee's decision							
I. PROPERTY INFORMATION							
Address or Location							
_RSN	Zoning D	District					
Current Land Use							
Proposed Land Use							
Γhe proposed use will be at/in:	☐ an existin	g building	□an	new addition	☐ a new bu	ilding	
2. SUBMITTAL REQUIREMENTS	& DETAILS						
All applications must include: (1) a recent survey plat of the property; (2) application fee of \$100 for single-family residential uses, \$250 for all other uses, payable to the City of Hampton; (3) a brief written description of request (use following space or submit as a separate document);							
Description of request:							
and (4) the following:							
Variance	Special Eve	cention	Anneal of	the Zoning	Administrator's Dec	eision or	

Variance

· For requests relating to signage, submit plans showing detail of the sign type, size, design, and location

· Day Care Supplement form

Appeal of a Zoning Administrative Officer's Decision

· In the description of request, include the date of the decision being appealed and the reason for appeal

Additional information may be required at the Zoning Administrator's discretion

3. PROPERTY OWNER INFORMATION An individual or a legal entity may be listed			4. AGGRIEVED PARTY INFORMATION (if applicable) An individual or a legal entity may be listed				
Owner's Name			Aggrieved Party				
Address			Address		·····		
City	State	Zip	City	State	Zip		
Phone			Phone				
Email			Email				
	CANT INFORMATION rent from owner)		5. APPLICANT AGEN (if different from ap		1		
Applicant's	Name		Agent's Name				
Address			Address				
City	State	Zip	City	State	Zip		
Phone			Phone				
Email			Email				
this applicat property for Name(s), ti	which that I am legally authorized toon and it is submitted with my further inspection. The information contitle(s), signature(s), and date legal Entity	all knowledge and consent. Itained in this application is a	I authorize city staff and reaccurate and correct to the ntative(s) of entity (attack	epresentatives to have best of my knowle ch additional page	ave access to this edge."		
Signed by:	Name (printed)		, Its (title)				
	Signature		Date				
	Name (printed)		, Its (title)				
	Signature		Date				
	FICATION FOR INDIVIDUAL nis section only if the property ow		duals.				
and consen	ibmit that I am the fee-simple ow t. I authorize city staff and repre is accurate and correct to the be	sentatives to have access to					
Name(s), s	signature(s), and date(s) of ov	vner(s) (attach additional	page if necessary):				
Signed by:	Name (printed)						
	Signature		Date				
	Name (printed)						
	Name (printed)		D-4-				